pted Yes No No	ee on Standards of Official Conduct and certain other "excepted letails of such a trust benefiting you, your spouse, or dependent	ed by the Committe I from this report d	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Of trusts" need not be disclosed. Have you excluded from this report details of such a trust child?	
STIONS	NTION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSW	EXC
	schedule attached for each "Yes" response.	•	If yes, complete and attach Schedule V.	_
d and the appropriate	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	·<
	If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
outside Yes No V	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	hase, sell, or exchange any ,000 during the reporting	
	If yes, complete and attach Schedule VIII.		if yes, complete and attach Schedule III.	
iling in the Yes No V	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearned" Income of more than \$200 in the reporting period or hold any reportable asset worth your than \$1,000 at the end of the period?	
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	=
ble travel or than \$335 Yes ✔ No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No 🕙	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	_
ble gift in Stherwise Yes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	
	UESTIONS	OF THESE Q	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PR
more than 30 days late.	Termination Date:	☐ Termination	Type (☑) Annual (May 15) ☐ Amendment	
A \$200 penalty hall be assessed against anyone who files	Officer Or Employing Office: Employee		Filer Member of the U.S. State: OK Status House of Representatives District: 05	တ္ -
(Office Use Only)	(Daytime Telephone)		(Full Name)	
2009 MAY 14 AM 9: 21	405-234-9900 2009 MAY		Mary C Fallin	
TRIST ATTYE BESOURCE TOWY	ALIV ISIS			
AND DELIVERED	FORM A Page 2 of 5 HAND DELIVERED For use by Members, officers, and employees	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	Ç ⊊
				• • • • • • • • • • • • • • • • • • •

Exemptions--

Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes □

₹ **⟨**

BLOCK A Asset and/or Income Source

Block A. For additional information, of its activities, and its od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periinstruction booklet. traded, state the name of the business, the nature account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are provide the value and income information on land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "unearned" duction of income with a fair market value period. For an active business that is not publicly each asset in the account that exceeds not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use Identify (a) each asset held for investment or progeographic location see ➣

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Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

None

1 - 1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

See below for example. asset is sold, please indicate as follows:

(S) (partial)

Other Type of Income

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

:

Royalties

×

S

(partial)

DC SP

Examples:

Mega Corp. Stock
Simon & Schuster

Indefinite

1st Bank of Paducah, KY Accounts

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BLOCK B Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

ate any income during calendar year

BLOCK C Type of Income

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets *including all IRAs*, indicate the type of income by checking the appropriate box below.

Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generor ger

		or generated.	vested, should be listed as income. Check "None" if no income was earned	Dividends and interest, even if rein-	indicate the category of income by checking the appropriate box below.	For all other assets, <i>including all IRAs</i> ,	not allow you to choose specific invest-	For retirement plans or accounts that do	Amount of Income	BLOCK D	
If only a	reporting year.	\$1000 in	exceeding	exchanges (E)	sales (S), or	purchases (P),	asset had	Indicate if the	Transaction	BLOCK E	

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For additional assets and unearned	
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SCHEDULE V— LIABILITIES

Name Mary fulling

Page 4_of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		J D C)	
Cytihi One	Example: First Bank of Wilmington, Delaware	Creditor		
Credit cord	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		\$10,001- \$15,000	B	
×		\$15,001- \$50,000	၁	
		\$50,001- \$100,000	D	
	×	\$100,001- \$250,000 \$250,001-	Е	Amou
		\$500,000	71	nt of
		\$500,001- \$1,000,000 \$1,000,001-	ຄ	Amount of Liability
	_	\$5,000,000 \$5,000,001	I	Ţ
		\$25,000,000 \$25,000,001	_	
		\$50,000,000 Over	-	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 	 	_	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

CHÉDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Mary C Fallin

spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
National Federation of Women Legislators	Nov. 21-23	Nov. 21-23 DC-Sarasota-Oklahoma City	~	≺	Z	None
Outdoor Advertisers Association of America	Jan. 31- Feb 1	OKC-Las Vegas-OKC	≺	~	Z	None
Oklahoma Asphalt Pavers Association	April 18- April20	OKC-Branson MO-OKC	~	~	Z	None

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